



22764 U.S. PTO  
120103

Docket Reference No. **MSD02**

**Enclosure List and Certification \***

**Utility Patent Application of**  
Robert H Murray and John R Murray for the invention

**"SAFER TOY BALLOONS AND METHODS FOR IMPARTING  
UNPALATABLE TASTE TO SAME";**

1. This Enclosure List  
Reply Postcard (Attached)
2. Transmittal Form PTO/SB/21
3. Patent Application Fee Determination PTO/SB/06  
Check # 4592 for \$ 428.00 (attached)
4. Petition to Make Special
5. Specifications – consisting of 16 Pages  
and 2 sheets of Drawings
6. Declaration for Utility Patent PTO/SB/21
7. Information Disclosure Statement PTO/SB/08A

Prior Art Copies 5

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Robert H Murray 12/1 2003  
Robert H. Murray, Inventor Date

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17548 U.S. PTO  
10/724802



120103

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	
		Filing Date	
		First Named Inventor	<i>ROBERT H. MURRAY</i>
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	<i>MSDO 2</i>

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to MAKE SPECIAL <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<i>Robert H. Murray</i>
Signature	<i>Robert H. Murray</i>
Date	

## CERTIFICATE OF TRANSMISSION/MAILING

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